ENTRY BL	ANK		
PLEASE TYP	PE OR PRINT	Entered p	previous May Show
		yes	🗖 no
□ Ms.	1	NA NI-	WMAN
Mr. Artist	Louis		Last Name Last)
			Last Name Last)
Permanent	3861 W	A-SHING-TON	BLVD
	Street	UNIVER	SITY HTS, O.
44118	Tel. (216	1371-4023	
Zip	Area Code	2.11	
Temporary o Studio Addre			
	Street		City
	Tel. (	)	
Zip	Area Code		
	presently live in rve, which county		
Collaborator .			
	(If Any)		
If May Show	entries are not ac	cepted or not sole	d:
Artist wil	ll pick up at Muse	um.	
	should dispose of		
□ Museum should ship to artist C.O.D. at this address:			

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

P.U. 2 DUPLICATES hloman lda

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

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The submission of objects will be construed as acceptance of all conditions printed in the entry information.

1.01

Signature \_

